



Vision Requirement	Meets Minimum	Does Not Meet Minimum
Possess binocular coordination that does not manifest diplopia.		
Depth of proficiency of a minimum of one minute of arc at 20 feet.		
Peripheral vision must be binocularly 200° laterally with 60° upward and 70° downward. There must be no pathology of the eye.		
Possess minimum of 70% proficiency on a color discrimination test.		
Applicant must have uncorrected vision in each eye of no weaker than 20/200, with the strong eye corrected to 20/20 and the weaker eye corrected to 20/60. A full eye examination must be administered by an optometrist or ophthalmologist to any applicant <u>who wears glasses</u> whose uncorrected vision in either eye is 20/150 or weaker.		
<u>Contact lenses</u> are exempt from the uncorrected vision of 20/200, BUT must have the strong eye corrected to 20/20 and the weaker eye corrected to 20/60 and must wear them while on duty.		

a. Without glasses **R20/**_____ **L20/**_____

b. With glasses/contacts **R20/**_____ **L20/**_____

c. Depth perception _____

d. Color perception % _____

e. Pupils: _____

f. Eye Grounds: _____

g. Form Fields of Vision (Temporal) each eye on zero line: Right Eye _____ Left Eye _____

h. Corrective Lenses Worn: None _____ Glasses _____ Contact Lenses _____ Both _____

(Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram)

A diagram of a semi-circular protractor. The curved edge is marked with degree values from 0 to 90 on both sides. A vertical line is drawn through the center, labeled "ZERO LINE". Below the flat edge, there are two circles labeled "L" and "R" connected by a horizontal line.

PHYSICIAN/OPTOMETRIST STATEMENT AFTER EXAMINATION:

I have examined the above applicant and it is my opinion that the applicant **MEETS** the minimum vision standards to perform the full duties required of an officer, in training or in the field, as outlined above.

_____ I have examined the above applicant and it is my opinion that the applicant **DOES NOT MEET** the minimum vision standards for the following reasons:

Signature of Examiner **Date of Exam**

IMPORTANT! Type or stamp Physician's name, address, telephone number below:

[illegible]